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Congress of the United States House of Representatives

Washington, DC 20515-3102

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New Mexico VA Health Care System

Dear Director Marnell:

Albuquerque, NM 87108-5128

Albuquerque Veterans Affairs Medical Center

Mr. George Marnell

1501 San Pedro S.E.

Director

Thank you for taking the time to meet with me to discuss the importance of providing our veterans with quality, accessible health care. I enjoyed the opportunity to tour the Albuquerque Veterans Affairs Medical Center (VAMC) and discuss ways we can work together to improve healthcare and treatment of New Mexico's veterans.

Like you, I am committed to serving our veterans and welcome their thoughts on how the Veterans' Administration can improve to better serve them. I strongly believe we must work together to effectively solve the issues of concern to our veterans.

I wanted to take a moment to voice specific concerns I have heard from many veterans in the 2nd District. Additionally, to ensure strong collaboration between our offices, I would like to communicate my efforts in Congress to pass meaningful reform related to these issues.

Transportation Issues

As you know, perhaps the most difficult hurdle many veterans in Southern New Mexico face is the long drive to the Albuquerque VAMC. Veterans driving from Roswell face a 200+ mile trek resulting in over a 6 hour round-trip journey for service. Yet I have heard countless complaints that appointments are scheduled, and constantly re-scheduled, with no regard for the long drive veterans make. It should be a component of administrative protocol to consider the long distance many veterans drive when scheduling and rescheduling appointments. Can you give me specific examples of how the Albuquerque VAMC is working to address this issue?

I believe New Mexico's veterans deserve access to hospital facilities in their community and I am working to pass legislation that would provide more local care. My legislation,

COMMITTEES:

FINANCIAL SERVICES

SUBCOMMITTEES: HOUSING AND COMMUNITY OPPORTUNITY FINANCIAL INSTITUTIONS AND CONSUMER CREDIT

HOMELAND SECURITY

SUBCOMMITTEES: **EMERGENCY PREPAREDNESS, SCIENCE AND** TECHNOLOGY

ECONOMIC SECURITY, INFRASTRUCTURE

INTELLIGENCE, INFORMATION SHARING AND TERRORISM RISK ASSESSMENT

RESOURCES

SUBCOMMITTEES: WATER AND POWER **ENERGY AND MINERAL RESOURCES** the HEALTHY Vets Act (H.R. 315), would require the VA Secretary to contract with local doctors and hospitals on a case-by-case basis to provide medical services, including primary care, for those veterans who live far away from VA medical facilities. This way we are providing veterans with a quality and convenient way to obtain care while streamlining taxpayer dollars to ensure they go toward health care services, not the costs incurred by veterans to pay for gas.

In the meantime, however, we must continue to reimburse veterans for travel costs so long as this geographic impediment exists. I find it difficult to understand why federal employees get reimbursed at \$0.448/mile while veterans get \$0.11/mile. This disparity raises important questions. The Administrator of General Services, who is tasked with setting reimbursement rates for federal employees, seems to have immense funding flexibility to set such a generous reimbursement rate; while the Secretary of Veterans' Affairs sets a sub-standard rate for our veterans. I am working to address this issue legislatively and welcome your thoughts for improvements.

Communications Issues

Regarding the current fee-basis system, I encourage you to keep in mind the comprehensive effects of slow payments for service. Veterans simply deserve to have claims paid in a timely manner. And when authorized fee-basis claims are not paid, veterans experience serious consequences beyond just agitation and inconvenience. I am working to ensure there is a statutory protection in place for veterans who receive authorization for fee-basis service but because of slow bureaucratic service they slip through the cracks, their hospital does not receive payments and the veteran is turned over to collections, resulting in a ding to their credit. The VA must do its part to ensure this does not happen from the beginning. How many veterans has this affected in New Mexico? What efforts has the New Mexico VA Health Care System taken to resolve this issue?

Emergency communications and protocols for outlying hospitals must be promulgated by the Albuquerque VAMC. Outlying local hospitals need assistance when requesting emergency care for a veteran and the Albuquerque VAMC can not comply due to a full facility. The Albuquerque VAMC must find a suitable facility quickly and assign the veteran to go with VA coverage. America's veterans should not have to wait during critical times of emergency for a decision to go through a long bureaucratic chain. VA officials with decision making ability have the responsibility to see the veteran is transported to Amarillo, Big Spring, Tucson, Phoenix or a suitable civilian hospital. What is the Albuquerque VAMC doing to enhance emergency response and approval for veterans who can not receive care at that facility due to full occupancy?

I understand there has been a serious lack of communication between the Department of Defense and Veteran's Affairs as soldiers return home from Iraq and Afghanistan. This has resulted in roadblocks during the necessary transfer of records to guarantee veterans are afforded the services promised. How is the New Mexico VA Health Care System mitigating this transfer and information sharing with DoD? I have enclosed copies of

letters sent to Secretary of Veterans' Affairs Jim Nicholson and Secretary of Defense Robert Gates regarding these issues specific to soldiers returning from Iraq and Afghanistan.

Funding Disparity

I have heard from my constituents that distribution of funding by region is unfair – that each clinic is served by different veterans centers and veterans believe money is not getting to their clinics. Can you provide me a breakdown of how funding is distributed throughout VISN 18 and the New Mexico VA Health Care System?

Quality of Care

I have consistently been told that staffing sizes at community based outpatient clinics (CBOCs) are often insufficient. Over-crowded conditions with too many patients for the number of doctors employed result in lower quality service and longer wait times. How are Albuquerque VAMC and VISN 18 working to recruit and keep more doctors in the 2nd District's CBOCs? And what can be done to address these staffing issues?

I appreciate you taking the time to address these issues and anticipate working together to achieve real results and improvements within the New Mexico VA Health Care System.

Sincerely,

Steve Pearce

Member of Congress

SEP/jlt

Enclosures